

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/25/03.

## **I. DISPUTE**

Whether there should be reimbursement for work hardening and physical therapy for dates of service 08/01/02 through 01/08/03.

## **II. FINDINGS**

The requestor submitted a withdrawal notice to withdraw the charges for CPT code 97750-FC for the date of service 08/13/03. Therefore, this CPT code is no longer in dispute.

## **III. RATIONALE**

The requestor billed the respondent \$1,075.20(MAR) for CPT code 97545-6-WH for the dates of service 10/02/02 through 10/08/02 and the carrier made no payment. The requestor is a non-CARF accredited facility and the hourly reimbursement of \$64.00 is to be reduced 20% according to MFG MGR (II)(C). The requestor billed \$51.20(20% of \$64.00) for the initial 2 hours of the work hardening program and \$51.20(20% of \$64.00) for the additional hours in accordance with MFG MGR (II)(E)(5). The dates of service in dispute were denied as "A-Pre-authorization not obtained." The requestor submitted a preauthorization letter dated 11/01/02, indicating that preauthorization was obtained. Therefore, reimbursement is recommended in the amount of **\$1,075.20**.

The requestor billed the respondent \$1,228.80(MAR) for CPT code 97545-WH and \$3,584.00 for CPT code 97546-WH for the dates of service 10/24/02 through 01/08/03 and the carrier made no payment. The requestor is a non-CARF accredited facility and the hourly reimbursement of \$64.00 is to be reduced 20% according to MFG MGR (II)(C). The requestor billed \$51.20(20% of \$64.00) for the initial 2 hours of the work hardening program and \$51.20(20% of \$64.00) for the additional hours in accordance with MFG MGR (II)(E)(5).

The carrier did not submit any EOBs to the requestor indicating a denial of services. The requestor did receive pre-authorization for the services, but since there are no EOBs to dispute the services, the charges will be reviewed as fee. The requestor billed and submitted documentation that supports their level of service billed according to MFG MGR. Therefore, reimbursement is recommended in the amount of **\$4,812.80**.

MFG MGR (I)(A)(10) CPT descriptor:

Recent review of disputes involving one on one CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for this date of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the CPT Descriptor and MFG. Therefore, **no** reimbursement is recommended for the dates of service 8/12/02 through 09/19/02.

For the dates of service 08/12/02 and 08/21/02 through 09/11/02, for CPT codes 97122, 97250, 97265, 99213-MP, the carrier denied services as "E and R".

A BCCH held on 12/13/02, the claimant was found to have a compensable injury and the carrier was ordered to pay medical benefits. Documentation indicates that the services were rendered and billed in accordance with the MFG. Therefore, reimbursement **is** recommended in the amount of **\$1,347.00**.

The dates of service 08/20/02 and 09/19/02, no EOBs were submitted by the carrier for CPT codes 97122, 97250, 97265, and 99213-MP in the amount of \$338.00. The requestor submitted documentation that supports the services was rendered. TWCC 133.304(C) states... "the explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the carrier's action(s)." The carrier did not provide an explanation for these dates of service in dispute that satisfies this Section. Therefore, reimbursement is recommended in the amount of **\$338.00**.

#### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 97545, 97546-WH and 97122, 97250, 97265, 99213-MP. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$7,573.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 26th day of January 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division  
MB/mb

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division